

**WENDY M APORTA, LMFT-A**  
**5601 DEMOCRACY DR., SUITE 135**  
**PLANO, TX 75024**  
**(360) 789-7380**  
**WMAPORTA@ICLOUD.COM**

## Client Information

Name:

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Date of Birth:

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Address:

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Best phone to reach you:

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Other phone:

Email:

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How did you find me?

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Reason for seeking treatment:

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## Client History

### Medical History

Please identify any health concerns:

Hypertension/High Blood Pressure

Diabetes

COPD

Seizure disorder

Cardiovascular disease

History of stroke

Hypo/Hyperthyroidism

Hepatitis

History of or current cancer

Blood borne illness

Other \_\_\_\_\_

Current Primary Care Physician \_\_\_\_\_

### Mental Health

Please list any previous mental health diagnosis \_\_\_\_\_

\_\_\_\_\_

Please list sources of outpatient mental health treatment (office, clinic, group) along with the dates of treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list treatment at inpatient facilities (hospital, residential) along with the dates of treatment

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Please list historical (with dates of use) or current mental health medications (with start date)

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If you discontinued medication, please explain the reason \_\_\_\_\_

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### Family History

Does anyone in your family have a history of mental illness? Please identify the family member and the diagnosed or suspected condition. \_\_\_\_\_

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Does anyone in your family have a history of substance abuse? Please identify the family member and the substance(s). \_\_\_\_\_

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### Environmental History

What is your current living situation? (For example, I live in an apartment with my grandmother) \_\_\_\_\_

What is your current economic situation? (For example, I work 2 jobs to financially support myself and my kids)

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What is your current occupation? \_\_\_\_\_

Do you have health insurance? If so, what insurance do you carry? Is it sufficient for your needs?

\_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Do you regularly engage in social activities? If so, with whom? Do you have someone on whom you can rely in tough situations? \_\_\_\_\_

\_\_\_\_\_

Do you have any legal history? (Arrests, probation, parole, DWI/DUI) \_\_\_\_\_

Please elaborate \_\_\_\_\_

\_\_\_\_\_

## Substance Use History

Have you ever used any of the following:

Alcohol

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Marijuana

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Cocaine/Crack

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Methamphetamine/Stimulant

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Benzodiazepine/Sedative

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Over the Counter or Prescription Medications (Please list only if not taken as directed)

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Methadone/Opiate

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Inhalant

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Hallucinogen

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Other (K2, Spice, etc)

First use \_\_\_\_\_ Frequency of use \_\_\_\_\_ Duration of use \_\_\_\_\_

Amount most frequently used \_\_\_\_\_ Last use \_\_\_\_\_

Have you ever experienced any of the following as a result of substance use? (Circle)

Inability to cease use   Blackouts   Hallucinations   Seizures   Shakes

Legal problems   Job Impact   Relationship Impact

Are you currently experiencing any of the following as result of substance use? (Circle)

Lethargy/Lack of motivation   Sweating   Fever/Chills   Tremors   Nausea

Racing heartbeat   Intense craving

Longest period of sobriety: \_\_\_\_\_

Have you ever sought support from any groups such as AA, NA, or other 12 step group?

Please list the group and any sponsor contact information \_\_\_\_\_

\_\_\_\_\_

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Client Information (child)

Name:

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Parent's name:

Child's Date of Birth:

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Address:

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School:

Grade:

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Best phone to reach parents:

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Other phone:

Email:

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How did you find me?

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Reason for seeking treatment:

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## Professional Disclosure Statement

### Professional Education

A licensed marriage and family therapist (LMFT) is a mental health professional who provides systemic counseling to couples and families. In the state of Texas, a licensed marriage and family therapist is required to hold a master's degree in counseling, or a counseling related field. I hold a master's degree in psychology, with a speciality in marriage and family therapy, from Chapman University (2010). The licensed marriage and family therapist is also required to complete at least 3000 hours of supervised experience in their field. As a Licensed Marriage and Family Therapist-Associate (Lic # 202926), I provide the same services while practicing under the supervision of a certified LMFT Supervisor (LMFT-S). I am currently practicing under the supervision of an AAMFT (American Association for Marriage and Family Therapy) certified supervisor, Dr. Lisa Powell, LMFT-S (Lic # 201470).

After serving in the Marines from 2001 to 2005, I earned a bachelor's degree in psychology from The Evergreen State College in 2007. I immediately pursued my master's degree with Chapman University, graduating in 2010. I broke from clinical practice from 2011 to 2016 to work for the US Navy as an engineering psychologist, working to ensure optimal performance of the human element of Naval warfare systems to be placed on ships, as well as Marine Corps ground vehicles. In 2016 I returned to clinical practice as a Crisis Intervention Specialist, serving the Dallas area and 5 surrounding counties on a mobile crisis outreach team. I worked extensively with those in crisis, including those experience suicidal and homicidal ideation. I coordinated care and service with local law enforcement, fire rescue, emergency room personnel and the court system. I am currently completing my PhD in Marriage and Family Sciences from North Central University with a specialization in military families.

### Theories and Practices

My theoretical orientation is systemic, and my therapy preferences include cognitive-behavioral therapy (CBT), narrative therapy, and mindfulness. System thinking involves the idea that an individual is affected by all of the people, environments, and social systems around him or her. Our families, friends, teachers, and extended social circles affect our thinking and development. When working with a client it is my goal to be as completely aware of the systems in which he or she functions. Cognitive-behavioral therapy is an evidenced based treatment that has been extensively researched and is the most widely practiced treatment for mental health.

CBT focuses on helping the client deconstruct maladaptive coping mechanisms and create new, constructive mechanisms by helping the client to change negative thought patterns, behaviors, and improve emotion regulation. Narrative therapy involves helping a client to develop a new story around their personal history, identity, and perspectives in order to gain perspective and confront problems successfully. Mindfulness is a process of bringing attention to the present moment. Research has shown mindfulness training to be effective in reducing stress, anxiety, depression, and symptoms of drug addiction.

Some concerns respond better to different forms of therapy. I also use solution-focused brief therapy (SFBT), psycho-education, dialectical behavior therapy (DBT) and motivational interviewing. Sometimes it is appropriate to combine aspects of different therapies to fit client needs. I work with clients in order to find the therapy that fits best with their problems, their personal preferences, and their world view.

Therapeutic relationships have a normal timespan depending on the need of the client. We will decide together what our goals for therapy are and when we will know they have been met. My hope is that your experience with me as a therapist will be a positive one. I want you to feel that if you need additional therapy in the future, you will feel comfortable returning to therapy.

It is a violation of professional ethics to enter into a therapeutic relationship with a client who is under the care of another licensed or certified counseling professional. **If you are currently receiving counseling elsewhere, please let me know so we can discuss options.** If I feel at anytime that you need care beyond what I can provide, I will refer you to a capable source.

## Confidentiality

Counseling is based on a sense of confidentiality and safety. It is my responsibility to keep all information concerning my clients confidential, unless the client or their parents or guardians give me WRITTEN consent. The limits to this confidentiality are listed below:

- If I have reason to believe my client is a danger to themselves or to others, I am required to engage the appropriate emergency services (police, EMS, et al.)
- If my client discloses information about the abuse of a child, an elderly person, or a disabled person I am required by Texas law as a mandated reporter to file a report with APS or CPS
- If I am issued a subpoena regarding my client, I am required to break confidentiality, even without consent
- If my client makes a formal complaint to the Texas State Board of Examiners of Professional Counselors regarding our therapy, I am required to release information to the board.

As part of this relationship, if we meet in public I will protect your confidentiality by not acknowledging or approaching you first. I will not discuss your case in a public place. You are in control of the counseling relationship. You have the right to end the relationship at any time.

If I am counseling your child or adolescent, I understand that you are curious about what happens in the counseling sessions. It is important that your child or adolescent feels safe and able to trust the counseling relationship. It is my policy to maintain confidentiality with your child or adolescent while keeping you updated on your child's progress. I ask you to remember that as a professional, if at any time I feel your child or adolescent is in serious danger, I will break confidentiality to share information with you and the proper authorities if necessary in order to keep your child or adolescent safe. I will inform the client before breaking confidentiality if possible.

I am currently practicing under the supervision of Lisa Powell, PhD, LMFT-Supervisor, LPC-Supervisor. As such I will discuss cases with her in a confidential environment. All aspects of confidentiality mentioned also apply to my supervisor. If at any time you have concerns, please let me know so that I can address them immediately.

### Practical Concerns

Individual, couples, and family sessions last 45-50 minutes. The fee for a session is \$65 for the initial consultation session, and \$65 for all future sessions, payable at the time of the session. I accept credit cards, checks or cash, although I cannot provide change if you do pay cash. A \$35 charge will be due for all returned checks. Payments via credit card are processed through Square and are subject to a 2.5% processing fee.

I value your time as much as you value my time. I will be ready to begin our appointments on time as part of my personal commitment to you. If you arrive late for your session, you will be able to complete the rest of your session but due to scheduling conflicts, cannot stay past your normally scheduled time. You will be financially responsible for the entire session. If you need to reschedule or cancel a session, please do so at least 24 hours in advance. Sessions not rescheduled or canceled 24 hours in advance will be billed \$50 charged to the credit card on file in my office. If you cancel two sessions in a row, I will offer your session time slot to another client if needed.

If you need phone or email consultation between sessions, feel free to call or email me. I will not interrupt a session to answer the phone, but I will return your call as soon as possible, no later than the next morning. I will answer emails within 24 hours of receiving them. Consultation phone calls will not last more than 15 minutes.

If you are dissatisfied with my services at any time, please let me know so we can discuss your concerns. If I am unable to resolve your concerns I will assist you in finding another

counselor with whom you might be able to work more effectively. If you wish to file a formal complaint, please contact:

Texas State Board of Examiners of Professional Counselors Complaints management and Investigative Section  
P. O. Box 141369  
Austin, Texas 78714-1369  
(512) 834-6658

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Client, Parent, or Guardian signature	Date
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Counselor signature	Date
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## **Extended Care Agreement**

Extended care is a more intensive style of therapy that allows for more time in sessions as well as more contact between sessions. The purpose of this therapy is to work through difficult changes in order to have healthier coping skills and a more positive outlook on life. Extended care is intended to last for a longer period of time, unlike brief therapy that is more common and typically only lasts 3-4 months. The expected length of Extended Care is a minimum of six months and a maximum that is at the client and therapists discretion. As long as progress is being made and goals are being met, Extended Care can continue. It also may include elements of life coaching, psychoanalysis, and mentoring as well as the more traditional therapist tools.

Included in Extended Care therapy are a variety of tools and opportunities intended to facilitate second degree, or permanent, change. The items included are, but are not limited to:

- Twice weekly appointments either in person or via electronic distance. This could be used as one single, 2 hour session at the client's discretion.
- Hypnosis and meditative tools during any session.
- Up to three phone calls each week, lasting 20 minutes each, at the client's discretion.
- Text contact between appointments at the client's discretion, but may include check in text messages from the therapist.
- Unlimited email exchanges between sessions.
- Inclusion in Activate you Life, biweekly group webinars and forums, for women only.

Extended care is intended to form a more comfortable, caring environment in order to help change happen. However, there are professional boundaries that will be maintained just as with traditional therapy. These include:

- Focus remaining on the client during all communications.
- Dual relationships must be avoided when possible.
- Confidentiality maintained for the client at all times (except under necessary conditions as stated in the Informed Consent). This includes not meeting in public places unless therapeutically beneficial and the therapist being aware of her surroundings during text, email, and phone exchanges.
- The therapist has the right to terminate this service if either the client or the therapist cannot maintain boundaries.

Extended care is for individuals or couples, who share the services. It is on a month-by-month basis, with fees collected the first day of the month, minus insurance premiums paid during the

previous month if the therapist collects those premiums. Please read and initial the following points:

\_\_\_\_\_ Ms. Wendy Aporta will charge my credit card on file the first day of each month the following rate. If the first of the month falls on a weekend or holiday, the charge will be made the next business day:

Standard Extended Care service                      \$500

Sometimes a couple might desire a third session each week (one for each partner and one as a couple). This three session per week plan will be charged:

Three session Extended Care service                      \$750

\_\_\_\_\_ Although Ms. Aporta will make every attempt to be available at all times, her phone is silent from 10 pm – 7 am each day. I understand that any phone calls, text messages, or emails will be answered after 7 am the next day. I also understand that Ms. Aporta will not interrupt a session to take a phone call or text message and these will be answered as soon as possible. If I am in a real emergency during a time Ms. Aporta cannot be reached, I agree to call 911 or to go to the closest emergency room for immediate care.

\_\_\_\_\_ Every attempt will be made to give me the best time slots for my sessions as part of Extended Care. However, the more popular time slots may take time to acquire. I understand that Ms. Aporta will do the best she can to accommodate my schedule.

\_\_\_\_\_ There will be times when Ms. Aporta is out of town due to conferences or vacations. I understand that she will communicate with me by phone, text or email during these times as much as her schedule and circumstances will allow.

\_\_\_\_\_ If there is a missed session during one week, that session can be made up the following week. In addition, if I anticipate that a session will be missed, I can schedule that session in the prior week in order to not miss a session. Every attempt will be made to schedule all sessions within a month, but sessions cannot be carried over to the next month.

\_\_\_\_\_ Extended Care has a minimum of three months subscription in order to best experience the process. When I am ready to end the service, I agree to give Ms. Aporta at least two weeks notice in order to properly terminate back to a traditional therapy style, or terminate services altogether. Termination, especially after Extended Care, is an important step in therapy and needs time to work correctly in order to obtain the most benefit.

\_\_\_\_\_ As with any therapy, there are risks when beginning intensive change. Some symptoms may get worse before they get better. Often therapy brings up painful emotions. Part of the goal

of Extended Care is to help you through these emotions as they arise. It is my responsibility to inform Ms. Aporta if these emotions become too intense so we can slow down and practice more coping skills. Ms. Aporta has the responsibility to limit or alter therapy if she believes it will be beneficial to my immediate safety. If at any time Ms. Aporta believes that Extended Care is not right for me, she has the responsibility to terminate this care and return me to more traditional therapy or refer me to another professional more suited to my needs.

\_\_\_\_\_ I have read this agreement and understand my rights and responsibilities in this service. I understand that Ms. Aporta will make every attempt possible to make sure that I am satisfied with this service. I agree to work with Ms. Aporta to help make this experience as fulfilling as it can be for me at this time in my life.

My signature below confirms that I understand and agree with all these statements.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

This is the card Ms. Aporta should use to accept my payments. An alternative would be for me to provide a check at the last session of each month for her to deposit on the first of the next month.

Credit Card to be kept on file	
Name on card	
Credit Card Number	
Expiration date	
CVV code	
Zip code	

I have discussed these issues with the client, parent, or guardian of the client, or other representative. My observations of this person's behavior and responses give me no reason to believe this person is not fully competent to give me informed and willing consent.

\_\_\_\_\_ Counselor signature

\_\_\_\_\_ Date

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HIPAA COMPLIANCE

The HIPAA notice describes how mental health information about you may be used and disclosed and how you can get access to this information. This Privacy Notice tells you about the rights you have concerning your mental health care records. You can look at this copy anytime to see what use is made of your health care records. And who gets to see them. A new government rule requires that we give you this Privacy Notice to sign.

The HIPAA Compliance notice is posted in the waiting room. If you would like a hard copy of the HIPAA Compliance information, please let your counselor know and a copy will be provided for you. Please review it carefully.

By signing below, you attest that you have read and have been made aware of your rights of confidentiality as a mental health consumer.

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Client/Guardian printed name and relationship to the patient

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Client/Guardian signed name and date

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Consent for Treatment

Client name \_\_\_\_\_

I hereby authorize Wendy Aporta, LMFT-A to provide the necessary treatment for the identified client.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Guardian or Legal Representative Date